

CALIFORNIA FIRE & RESCUE TRAINING AUTHORITY

10545 Armstrong Ave. Ste. 320 • Mather, CA 95655

(916) 475-1660 • Fax (916) 475-1662

www.fireandrescuetraining.ca.gov

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Social Security Number (optional)		Position Applying for	
Last Name	First Name	MI	
Home Address No & Street	City	State	Zip Code
Mailing Address (if different) No & Street	City	State	Zip Code
Primary Phone	Secondary Phone	Email Address (optional)	

Have you ever applied to or worked for the California Fire & Rescue Training Authority before? ☐ Yes ☐ No
If yes, when? _____

Do you have any friends or relatives working for California Fire & Rescue Training Authority? ☐ Yes ☐ No
If yes, state name(s) and relationship: _____

Name Relationship

Name Relationship

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) ☐ Yes ☐ No

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? ☐ Yes ☐ No

EDUCATION, TRAINING, AND EXPERIENCE

College/University Name and Address	Course of Study/Major	Units Earned	Degree Awarded

List any additional education/training experience:

EMT or Paramedic (if required) ☐ Yes ☐ No

Certification or License No.: _____ Expiration Date: _____

EMPLOYMENT HISTORY

List below all present and past employment, starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. Copy additional pages if necessary.

Name of Employer	Telephone No.		
Job/Position Title	Your Supervisor's Name		
Address & Street	City	State	Zip
Dates of Employment: _____			
Describe Duties:			
Reason for Leaving: _____			
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer	Telephone No.		
Job/Position Title	Your Supervisor's Name		
Address & Street	City	State	Zip
Dates of Employment: _____			
Describe Duties:			
Reason for Leaving: _____			
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer	Telephone No.		
Job/Position Title	Your Supervisor's Name		
Address & Street	City	State	Zip
Dates of Employment: _____			
Describe Duties:			
Reason for Leaving: _____			
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I authorize the employers and educational institutions identified in this employment application to release any information they have concerning my employment or education to the California Fire & Rescue Training Authority.

☐ Yes ☐ No

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize California Fire & Rescue Training Authority (CFRTA) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further authorize references I have listed to disclose to CFRTA any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release CFRTA, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and CFRTA. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time with or without prior notice, at the option of either myself or CFRTA, and that no promises or representations contrary to the foregoing are binding on CFRTA unless made in writing and signed by me and CFRTA's designated representative.

_____ I understand employment may be offered after an evaluation of a background investigation, which will include employment history, references, criminal and motor vehicle records. I understand employment may be offered contingent upon an acceptable report from the California Fire & Rescue Training Authority's doctor(s) after a preplacement physical examination, which will include a drug screen. I understand that upon starting for work, I will be required to certify eligibility for employment under the guidelines of the Immigration Control Act of 1986 by completion of U.S. Department of Justice Form I-9. I further understand the California Fire & Rescue Training Authority does not guarantee employment for any specified period of time nor does it imply any eligibility for promotional opportunities with an offer of employment.

Signature of Applicant

Date

EQUAL OPPORTUNITY EMPLOYMENT QUESTIONNAIRE

To assist us in determining the fairness of this selection process under Federal guidelines, we are asking for your voluntary cooperation and assistance to ensure our reporting is as accurate as possible. NO EMPLOYMENT DECISIONS WILL BE BASED ON THIS INFORMATION. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Please indicate the race/ethnic, age, and sex classification that identifies the group under each section which best describes you. Please mark only one classification for each of the sections.

<u>Race/Ethnic</u>	<u>Sex</u>	<u>Age</u>
<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Male	<input type="checkbox"/> 18 – 21 years
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Female	<input type="checkbox"/> 22 – 27 years
<input type="checkbox"/> Caucasian		<input type="checkbox"/> 28 – 35 years
<input type="checkbox"/> Hispanic		<input type="checkbox"/> 36 & over
<input type="checkbox"/> Native American		
<input type="checkbox"/> Other		

To assist us in evaluating the effectiveness of our Job Announcement distribution, including advertising, posting, and community coverage with respect to Equal Opportunity Employment, we would appreciate your voluntary completion of the following:

Position for which you are applying: _____

How did you learn about this employment opportunity?

<input type="checkbox"/> College Placement Office	<input type="checkbox"/> Private Employment Agency
<input type="checkbox"/> Employee of this firm	<input type="checkbox"/> Newspaper Advertisement (Name of paper & date)
<input type="checkbox"/> State Employee Office	_____
<input type="checkbox"/> Other (specify) _____	

-EQUAL OPPORTUNITY EMPLOYER-